



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Justin M. Crank

Serial No.: Unknown

Examiner: Unknown

Filed: August 25, 2003

Group Art Unit: Unknown

For: ELONGATED INTRA-LUMENAL MEDICAL DEVICE

Docket: 1001.1686101

TRANSMITTAL SHEET

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

CERTIFICATE UNDER 37 C.F.R. 1.10: The undersigned hereby certified that this paper or papers, as described herein are being deposited in the United States Postal Service, "Express Mail Post Office to Addressee" having an Express Mail mailing label number of: **EV 333853543 US**, in an envelope addressed to: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 25th day of August 2003.

By Kathleen L. Boekley
Kathleen L. Boekley

We are transmitting herewith the attached Patent Application including the following:

☒ THIRTY (30) sheet(s) of Specification

☒ THIRTY-TWO (32) Claim(s)

☒ ONE (1) sheet of Abstract

☒ FOUR (4) sheet(s) of Formal Drawings

☒ Executed Declaration and Power of Attorney

☐ Small entity status under 37 C.F.R. §§ 1.9 and/or 1.27 is claimed

☒ An Assignment of the invention to SciMed Life Systems, Inc., is being filed contemporaneous with this patent application

☐ A certified copy of a _____ application, Serial No. _____, filed _____, the right of priority of which is claimed under 35 U.S.C. § 119.


CLAIMS AS FILED						
	(1)	(2)	Small Entity		Other	
For:	# Filed	# Extra	Rate	Fee	Rate	Fee
Basic Fee	1	0		\$375		\$750
Total Claims	32 - 20 =	12	X 9 =	\$	X 18 =	\$216
Independent Claims	4 - 3 =	1	X 42 =	\$	X 84 =	\$84
() Multiple Dependent Claim Presented			+ 140 =	\$	+ 280 =	\$0
TOTAL			\$		\$1,050	

*If the difference in Column (1) is less than zero, enter "0" in column 2.

[] Other _____.

[XX] A check in the amount of \$1,050.00 is enclosed.

[XXXX] Please charge any deficiencies or credit any overpayment in the enclosed fees to
Deposit Account No. 50-0413.

By: 
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